University of Suffolk

**Proposal for delivery of a University of Suffolk course under a flying faculty model in partnership with others**

*The proposal form should be accompanied by a costing model produced in liaison with the Finance and Planning team. Where the proposed course to be delivered via flying faculty is new, this form should be completed alongside the standard Course Proposal Form.*

*All sections of the form must be completed and the form appropriately authorised before it is sent to the relevant committee secretary. It should be submitted at least* ***10 working days*** *before the committee meeting at which the proposal is to be discussed.*

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| 1. **Proposed partner organisation**   *Please provide name, address and website address* | |  | | | | | |
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| 1. **University of Suffolk academic school involved in proposed arrangement** | |  | | | | | |
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| 1. **Course**   *Please provide details of the course that is intended to be delivered via a flying faculty model (including any interim exit awards), confirming whether this is a new or existing course.* | |  | | | | | |
| Course status: | | New | | Existing | |
|  | | | | | | | |
| 1. **Proposed location(s) of delivery**   *Please provide details of where the course will be delivered.* | |  | | | | | |
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| 1. **Proposed date of commencement** | |  | | | | | |
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| 1. **Student intake points and targets**   *Please provide details of the planned number of student intake points per academic year and target student numbers per intake.* | |  | | | | | |
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| 1. **Staffing arrangements**   *Please provide details of staffing arrangements for the course (for example whether existing University staff will be used as flying faculty and/or whether new staff (either in-country or based elsewhere) will be appointed for this purpose). The POD team should be consulted on any staffing implications.* | |  | | | | | |
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| 1. **University lead contact**   *Please provide the name of the member of University staff coordinating the proposal and overseeing the proposed link.* | |  | | | | | |
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| 1. **Proposed involvement of partner organisation in course delivery**   *Please summarise the ways in which it is proposed that the organisation will contribute to course delivery (for example in terms of marketing and recruitment activity, use of the partner’s facilities and resources, teaching support, administrative support and/or provision of student support services). Include evaluation of the organisation’s capacity to support the course in this way. Where the proposed partner is providing teaching premises, please include information on the ownership of the premises and, where relevant, any leasing arrangements.* | | | | | | | |
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| 1. **Rationale for proposed arrangement**   *Please provide a summary of the rationale for the proposed partnership arrangement, including alignment with the University’s strategic plan, relevant School plans and any existing or planned partnership arrangements.* | | | | | | | |
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| 1. **Financial arrangements**   *Please provide a formal costing model that has been reviewed by Finance & Planning to show (i) projected income arising from the arrangement and (ii) anticipated costs in delivering the course under a flying faculty model and establishing and maintaining the partnership arrangement (with further detail in Appendix A).* | | | | | | | |
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| **DUE DILIGENCE SCRUTINY OUTCOMES: PROPOSED PARTNER** | | | | | | | |
| 1. **Partner organisation status** *(please select)* | Public sector | Public sector | | | Private for-profit | | Other *(please state below)* |
|  | | | | | | |
|  | | | | | | | |
| 1. **Year founded** |  | | | | | | |
|  | | | | | | | |
| 1. **Company registration number and company directors** *(where relevant)* |  | | | | | | |
|  | | | | | | | |
| 1. **Campus / company location(s)** |  | | | | | | |
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| 1. **HE experience / portfolio**   *Please summarise the organisation’s prior experience in supporting HE delivery, including any HE provision already delivered within/by the institution and associated student numbers. Where the institution does not have experience of delivering and/or supporting programmes at the level proposed, please evaluate capacity to support at that level.* |  | | | | | | |
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| 1. **Facilities and resources**   **(including staffing) to support partnership**  *Provide a summary of any facilities and resources at the institution that will be used to support the proposed partnership arrangement, including staff resource.* |  | | | | | | |
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| 1. **Legal status**   *Please confirm whether the proposed partner organisation has the legal capacity to enter into this type of partnership arrangement.* |  | | | | | | |
|  | | | | | | | |
| 1. **Financial standing**   *Please provide a summary of the financial standing of the organisation, drawing on relevant financial reports/accounts. Please highlight any business and/or ethical interests or links that might pose a reputational risk to the University. You should seek input from the University’s Director of Finance and Planning on completion of this section of the form.* |  | | | | | | |
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| 1. **External reviews**   *Summarise the findings of any external reviews of the proposed partner (e.g. QAA or similar national bodies)* |  | | | | | | |
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| 1. **Collaboration with other**   **UK higher education institutions (HEIs)** *Provide information on any existing or prior links with other UK HEIs.* |  | | | | | | |
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| 1. **National context**   *(for international links only) Please provide commentary on any in-country recognition / accreditation requirements; the stability of the region; risks associated with working in and travelling to the country; HE culture and ethos; English language competency of potential students; visa/work permit requirements; any particular in-country legal requirements (for example in relation to employment or tax issues); etc* |  | | | | | | |
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| 1. **Other relevant due**   **diligence information**  *Please provide any additional information on due diligence findings* |  | | | | | | |
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| 1. **Evaluation of risk**   *Please summarise the key risks involved in the proposed flying faculty arrangement and associated partnership model, and outline how they will be mitigated (with further detail in Appendix B)* |  | | | | | | |
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| 1. **Approval by relevant Dean(s) of School** | | | | | | | |
|  | | | | | | | |
| Signed: | | | Date: | | | | |
|  | | | | | | | |
| 1. **Approval by Director of Finance and Planning** | | | | | | | |
|  | | | | | | | |
| Signed: | | | Date: | | | | |
|  | | | | | | | |

**COMMITTEE APPROVAL** *(for official use only)*

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| --- | --- | --- |
| **Committee** | **Approval date** | **Minute reference** |
| **Portfolio Oversight Committee** |  |  |
| **Quality Committee** |  |  |

**Appendix A**

**Indicative financial projections for proposed partnership with [partner institution]**

**Appendix B**

**Risk assessment for proposed partnership with [partner institution]**

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| **No.** | **Risk area** | **Risk Description** | **Owner** | **Gross Risk** | | | **Risk Control Measures** | **Net Risk** | | |
| **Impact** | **Probability** | **Risk rating** | **Impact** | **Probability** | **Risk rating** |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
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| **Risk Matrix** |  |  | **Likelihood** | | | | |
|  |  |  | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** |
|  |  |  | **Remote** | **Unlikely** | **Possible** | **Probable** | **Certain** |
|  | ***1*** | **Insignificant** | 1 | 2 | 3 | 4 | 5 |
|  | ***2*** | **Minor** | 2 | 4 | 6 | 8 | 10 |
| **Impact** | ***3*** | **Significant** | 3 | 6 | 9 | 12 | 15 |
|  | ***4*** | **Major** | 4 | 8 | 12 | 16 | 20 |
|  | ***5*** | **Fatal** | 5 | 10 | 15 | 20 | 25 |